

| GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR GRADUATE ASSISTANTS | | | | | | |
|---|-------------|----------------|---------------|-------------|----------------|---------------|
| PLAN BY COUNTY | SINGLE | | | FAMILY | | |
| | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM |
| 01 ADAMS | | | | | | |
| UNITY-COMMUNITY | 263.60 | 0.00 | 263.60 | 651.70 | 0.00 | 651.70 |
| STANDARD PLAN | 263.60 | 337.00 | 600.60 | 651.70 | 811.60 | 1,463.30 |
| STANDARD PLAN 2 | 263.60 | 113.10 | 376.70 | 651.70 | 251.10 | 902.80 |
| 02 ASHLAND | | | | | | |
| * ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| * HUMANA-WESTERN | 299.10 | 2.40 | 301.50 | 740.40 | 6.00 | 746.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 03 BARRON | | | | | | |
| ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| GHC-EAU CLAIRE | 260.90 | 51.50 | 312.40 | 644.90 | 128.80 | 773.70 |
| HUMANA-WESTERN | 260.90 | 40.60 | 301.50 | 644.90 | 101.50 | 746.40 |
| * VALLEY HEALTH PLAN | 260.90 | 71.40 | 332.30 | 644.90 | 178.50 | 823.40 |
| STANDARD PLAN | 260.90 | 339.70 | 600.60 | 644.90 | 818.40 | 1,463.30 |
| STANDARD PLAN 2 | 260.90 | 115.80 | 376.70 | 644.90 | 257.90 | 902.80 |
| 04 BAYFIELD | | | | | | |
| * ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| 05 BROWN | | | | | | |
| COMPCAREBLUE NORTHEAST | 273.00 | 0.00 | 273.00 | 675.20 | 0.00 | 675.20 |
| PREVEA HEALTH PLAN | 273.00 | 56.60 | 329.60 | 675.20 | 141.40 | 816.60 |
| TOUCHPOINT HEALTH PLAN | 273.00 | 9.40 | 282.40 | 675.20 | 23.50 | 698.70 |
| STANDARD PLAN | 273.00 | 327.60 | 600.60 | 675.20 | 788.10 | 1,463.30 |
| STANDARD PLAN 2 | 273.00 | 103.70 | 376.70 | 675.20 | 227.60 | 902.80 |
| 06 BUFFALO | | | | | | |
| * HEALTH TRADITION | 293.80 | 0.00 | 293.80 | 727.20 | 0.00 | 727.20 |
| * HUMANA-WESTERN | 301.50 | 0.00 | 301.50 | 746.40 | 0.00 | 746.40 |
| * VALLEY HEALTH PLAN | 332.30 | 0.00 | 332.30 | 823.40 | 0.00 | 823.40 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| 07 BURNETT | | | | | | |
| * ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| COMPCAREBLUE NORTH | 260.90 | 38.20 | 299.10 | 644.90 | 95.50 | 740.40 |
| HUMANA-WESTERN | 260.90 | 40.60 | 301.50 | 644.90 | 101.50 | 746.40 |
| STANDARD PLAN | 260.90 | 339.70 | 600.60 | 644.90 | 818.40 | 1,463.30 |
| STANDARD PLAN 2 | 260.90 | 115.80 | 376.70 | 644.90 | 257.90 | 902.80 |
| 08 CALUMET | | | | | | |
| * HUMANA-EASTERN | 232.20 | 66.90 | 299.10 | 573.20 | 167.20 | 740.40 |
| NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| TOUCHPOINT HEALTH PLAN | 232.20 | 50.20 | 282.40 | 573.20 | 125.50 | 698.70 |
| STANDARD PLAN | 232.20 | 368.40 | 600.60 | 573.20 | 890.10 | 1,463.30 |
| STANDARD PLAN 2 | 232.20 | 144.50 | 376.70 | 573.20 | 329.60 | 902.80 |
| 09 CHIPPEWA | | | | | | |
| ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| GHC-EAU CLAIRE | 260.90 | 51.50 | 312.40 | 644.90 | 128.80 | 773.70 |
| HUMANA-WESTERN | 260.90 | 40.60 | 301.50 | 644.90 | 101.50 | 746.40 |
| VALLEY HEALTH PLAN | 260.90 | 71.40 | 332.30 | 644.90 | 178.50 | 823.40 |
| STANDARD PLAN | 260.90 | 339.70 | 600.60 | 644.90 | 818.40 | 1,463.30 |
| STANDARD PLAN 2 | 260.90 | 115.80 | 376.70 | 644.90 | 257.90 | 902.80 |

*Plan's premium not used to calculate the "State Pays" amount due to limited provider availability. Standard Plan 2 and SMP premiums are not used in any county "State Pays" calculation.

| GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR GRADUATE ASSISTANTS | | | | | | |
|---|-------------|----------------|---------------|-------------|----------------|---------------|
| PLAN BY COUNTY | SINGLE | | | FAMILY | | |
| | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM |
| 10 CLARK | | | | | | |
| * COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| GHC-EAU CLAIRE | 299.10 | 13.30 | 312.40 | 740.40 | 33.30 | 773.70 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 11 COLUMBIA | | | | | | |
| * DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| PHYSICIANS PLUS - SC | 243.70 | 35.20 | 278.90 | 601.90 | 88.00 | 689.90 |
| UNITY-COMMUNITY | 243.70 | 19.90 | 263.60 | 601.90 | 49.80 | 651.70 |
| STANDARD PLAN | 243.70 | 356.90 | 600.60 | 601.90 | 861.40 | 1,463.30 |
| STANDARD PLAN 2 | 243.70 | 133.00 | 376.70 | 601.90 | 300.90 | 902.80 |
| 12 CRAWFORD | | | | | | |
| * GUNDERSEN LUTHERAN | 235.70 | 71.70 | 307.40 | 581.90 | 179.30 | 761.20 |
| HEALTH TRADITION | 235.70 | 58.10 | 293.80 | 581.90 | 145.30 | 727.20 |
| MEDICAL ASSOCIATES HMO | 235.70 | 0.00 | 235.70 | 581.90 | 0.00 | 581.90 |
| * UNITY-COMMUNITY | 235.70 | 27.90 | 263.60 | 581.90 | 69.80 | 651.70 |
| STANDARD PLAN | 235.70 | 364.90 | 600.60 | 581.90 | 881.40 | 1,463.30 |
| STANDARD PLAN 2 | 235.70 | 141.00 | 376.70 | 581.90 | 320.90 | 902.80 |
| 13 DANE | | | | | | |
| DEAN HEALTH PLAN | 238.60 | 5.10 | 243.70 | 589.20 | 12.70 | 601.90 |
| GHC-SOUTH CENTRAL | 238.60 | 0.00 | 238.60 | 589.20 | 0.00 | 589.20 |
| * HUMANA-EASTERN | 238.60 | 60.50 | 299.10 | 589.20 | 151.20 | 740.40 |
| * MERCYCARE HEALTH PLAN | 209.90 | 0.00 | 209.90 | 517.40 | 0.00 | 517.40 |
| PHYSICIANS PLUS - SC | 238.60 | 40.30 | 278.90 | 589.20 | 100.70 | 689.90 |
| UNITY-UW HEALTH | 238.60 | 7.60 | 246.20 | 589.20 | 19.00 | 608.20 |
| STANDARD PLAN | 238.60 | 362.00 | 600.60 | 589.20 | 874.10 | 1,463.30 |
| STANDARD PLAN 2 | 238.60 | 138.10 | 376.70 | 589.20 | 313.60 | 902.80 |
| 14 DODGE | | | | | | |
| COMPCAREBLUE NORTHEAST | 243.70 | 29.30 | 273.00 | 601.90 | 73.30 | 675.20 |
| DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| HUMANA-EASTERN | 243.70 | 55.40 | 299.10 | 601.90 | 138.50 | 740.40 |
| * NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| * UNITY-COMMUNITY | 243.70 | 19.90 | 263.60 | 601.90 | 49.80 | 651.70 |
| STANDARD PLAN | 243.70 | 356.90 | 600.60 | 601.90 | 861.40 | 1,463.30 |
| STANDARD PLAN 2 | 243.70 | 133.00 | 376.70 | 601.90 | 300.90 | 902.80 |
| 15 DOOR | | | | | | |
| PREVEA HEALTH PLAN | 282.40 | 47.20 | 329.60 | 698.70 | 117.90 | 816.60 |
| TOUCHPOINT HEALTH PLAN | 282.40 | 0.00 | 282.40 | 698.70 | 0.00 | 698.70 |
| STANDARD PLAN | 282.40 | 318.20 | 600.60 | 698.70 | 764.60 | 1,463.30 |
| STANDARD PLAN 2 | 282.40 | 94.30 | 376.70 | 698.70 | 204.10 | 902.80 |
| 16 DOUGLAS | | | | | | |
| ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| COMPCAREBLUE NORTH | 260.90 | 38.20 | 299.10 | 644.90 | 95.50 | 740.40 |
| HUMANA-WESTERN | 260.90 | 40.60 | 301.50 | 644.90 | 101.50 | 746.40 |
| STANDARD PLAN | 260.90 | 339.70 | 600.60 | 644.90 | 818.40 | 1,463.30 |
| STANDARD PLAN 2 | 260.90 | 115.80 | 376.70 | 644.90 | 257.90 | 902.80 |
| 17 DUNN | | | | | | |
| * GHC-EAU CLAIRE | 301.50 | 10.90 | 312.40 | 746.40 | 27.30 | 773.70 |
| HUMANA-WESTERN | 301.50 | 0.00 | 301.50 | 746.40 | 0.00 | 746.40 |
| * VALLEY HEALTH PLAN | 301.50 | 30.80 | 332.30 | 746.40 | 77.00 | 823.40 |
| STANDARD PLAN | 301.50 | 299.10 | 600.60 | 746.40 | 716.90 | 1,463.30 |
| STANDARD PLAN 2 | 301.50 | 75.20 | 376.70 | 746.40 | 156.40 | 902.80 |

*Plan's premium not used to calculate the "State Pays" amount due to limited provider availability. Standard Plan 2 and SMP premiums are not used in any county "State Pays" calculation.

| GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR GRADUATE ASSISTANTS | | | | | | |
|---|-------------|----------------|---------------|-------------|----------------|---------------|
| PLAN BY COUNTY | SINGLE | | | FAMILY | | |
| | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM |
| 18 EAU CLAIRE | | | | | | |
| ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| GHC-EAU CLAIRE | 260.90 | 51.50 | 312.40 | 644.90 | 128.80 | 773.70 |
| HUMANA-WESTERN | 260.90 | 40.60 | 301.50 | 644.90 | 101.50 | 746.40 |
| VALLEY HEALTH PLAN | 260.90 | 71.40 | 332.30 | 644.90 | 178.50 | 823.40 |
| STANDARD PLAN | 260.90 | 339.70 | 600.60 | 644.90 | 818.40 | 1,463.30 |
| STANDARD PLAN 2 | 260.90 | 115.80 | 376.70 | 644.90 | 257.90 | 902.80 |
| 19 FLORENCE | | | | | | |
| * HUMANA-WESTERN | 301.50 | 0.00 | 301.50 | 746.40 | 0.00 | 746.40 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| 20 FOND DU LAC | | | | | | |
| COMPCAREBLUE NORTHEAST | 232.20 | 40.80 | 273.00 | 573.20 | 102.00 | 675.20 |
| DEAN HEALTH PLAN | 232.20 | 11.50 | 243.70 | 573.20 | 28.70 | 601.90 |
| HUMANA-EASTERN | 232.20 | 66.90 | 299.10 | 573.20 | 167.20 | 740.40 |
| NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| * TOUCHPOINT HEALTH PLAN | 232.20 | 50.20 | 282.40 | 573.20 | 125.50 | 698.70 |
| STANDARD PLAN | 232.20 | 368.40 | 600.60 | 573.20 | 890.10 | 1,463.30 |
| STANDARD PLAN 2 | 232.20 | 144.50 | 376.70 | 573.20 | 329.60 | 902.80 |
| 21 FOREST | | | | | | |
| * COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| 22 GRANT | | | | | | |
| DEAN HEALTH PLAN | 235.70 | 8.00 | 243.70 | 581.90 | 20.00 | 601.90 |
| GUNDERSEN LUTHERAN | 235.70 | 71.70 | 307.40 | 581.90 | 179.30 | 761.20 |
| MEDICAL ASSOCIATES HMO | 235.70 | 0.00 | 235.70 | 581.90 | 0.00 | 581.90 |
| UNITY-COMMUNITY | 235.70 | 27.90 | 263.60 | 581.90 | 69.80 | 651.70 |
| STANDARD PLAN | 235.70 | 364.90 | 600.60 | 581.90 | 881.40 | 1,463.30 |
| STANDARD PLAN 2 | 235.70 | 141.00 | 376.70 | 581.90 | 320.90 | 902.80 |
| 23 GREEN | | | | | | |
| * DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| * MERCYCARE HEALTH PLAN | 209.90 | 0.00 | 209.90 | 517.40 | 0.00 | 517.40 |
| UNITY-COMMUNITY | 243.70 | 19.90 | 263.60 | 601.90 | 49.80 | 651.70 |
| STANDARD PLAN | 243.70 | 356.90 | 600.60 | 601.90 | 861.40 | 1,463.30 |
| STANDARD PLAN 2 | 243.70 | 133.00 | 376.70 | 601.90 | 300.90 | 902.80 |
| 24 GREEN LAKE | | | | | | |
| * DEAN HEALTH PLAN | 232.20 | 11.50 | 243.70 | 573.20 | 28.70 | 601.90 |
| NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| TOUCHPOINT HEALTH PLAN | 232.20 | 50.20 | 282.40 | 573.20 | 125.50 | 698.70 |
| STANDARD PLAN | 232.20 | 368.40 | 600.60 | 573.20 | 890.10 | 1,463.30 |
| STANDARD PLAN 2 | 232.20 | 144.50 | 376.70 | 573.20 | 329.60 | 902.80 |
| 25 IOWA | | | | | | |
| * DEAN HEALTH PLAN | 235.70 | 8.00 | 243.70 | 581.90 | 20.00 | 601.90 |
| MEDICAL ASSOCIATES HMO | 235.70 | 0.00 | 235.70 | 581.90 | 0.00 | 581.90 |
| PHYSICIANS PLUS - SC | 235.70 | 43.20 | 278.90 | 581.90 | 108.00 | 689.90 |
| * UNITY-COMMUNITY | 235.70 | 27.90 | 263.60 | 581.90 | 69.80 | 651.70 |
| STANDARD PLAN | 235.70 | 364.90 | 600.60 | 581.90 | 881.40 | 1,463.30 |
| STANDARD PLAN 2 | 235.70 | 141.00 | 376.70 | 581.90 | 320.90 | 902.80 |

*Plan's premium not used to calculate the "State Pays" amount due to limited provider availability. Standard Plan 2 and SMP premiums are not used in any county "State Pays" calculation.

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|---|-------------|----------------|---------------|-------------|----------------|---------------|
| PLAN BY COUNTY | SINGLE | | | FAMILY | | |
| | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM |
| 26 IRON | | | | | | |
| * COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| * HUMANA-WESTERN | 301.50 | 0.00 | 301.50 | 746.40 | 0.00 | 746.40 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| 27 JACKSON | | | | | | |
| * ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| GUNDERSEN LUTHERAN | 293.80 | 13.60 | 307.40 | 727.20 | 34.00 | 761.20 |
| HEALTH TRADITION | 293.80 | 0.00 | 293.80 | 727.20 | 0.00 | 727.20 |
| STANDARD PLAN | 293.80 | 306.80 | 600.60 | 727.20 | 736.10 | 1,463.30 |
| STANDARD PLAN 2 | 293.80 | 82.90 | 376.70 | 727.20 | 175.60 | 902.80 |
| 28 JEFFERSON | | | | | | |
| DEAN HEALTH PLAN | 209.90 | 33.80 | 243.70 | 517.40 | 84.50 | 601.90 |
| HUMANA-EASTERN | 209.90 | 89.20 | 299.10 | 517.40 | 223.00 | 740.40 |
| MERCYCARE HEALTH PLAN | 209.90 | 0.00 | 209.90 | 517.40 | 0.00 | 517.40 |
| * UNITY-COMMUNITY | 209.90 | 53.70 | 263.60 | 517.40 | 134.30 | 651.70 |
| STANDARD PLAN | 209.90 | 390.70 | 600.60 | 517.40 | 945.90 | 1,463.30 |
| STANDARD PLAN 2 | 209.90 | 166.80 | 376.70 | 517.40 | 385.40 | 902.80 |
| 29 JUNEAU | | | | | | |
| * DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| * GUNDERSEN LUTHERAN | 263.60 | 43.80 | 307.40 | 651.70 | 109.50 | 761.20 |
| HEALTH TRADITION | 263.60 | 30.20 | 293.80 | 651.70 | 75.50 | 727.20 |
| UNITY-COMMUNITY | 263.60 | 0.00 | 263.60 | 651.70 | 0.00 | 651.70 |
| STANDARD PLAN | 263.60 | 337.00 | 600.60 | 651.70 | 811.60 | 1,463.30 |
| STANDARD PLAN 2 | 263.60 | 113.10 | 376.70 | 651.70 | 251.10 | 902.80 |
| 30 KENOSHA | | | | | | |
| * DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| HUMANA-EASTERN | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 31 KEWAUNEE | | | | | | |
| * PREVEA HEALTH PLAN | 329.60 | 0.00 | 329.60 | 816.60 | 0.00 | 816.60 |
| * TOUCHPOINT HEALTH PLAN | 282.40 | 0.00 | 282.40 | 698.70 | 0.00 | 698.70 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| 32 LA CROSSE | | | | | | |
| GUNDERSEN LUTHERAN | 293.80 | 13.60 | 307.40 | 727.20 | 34.00 | 761.20 |
| HEALTH TRADITION | 293.80 | 0.00 | 293.80 | 727.20 | 0.00 | 727.20 |
| STANDARD PLAN | 293.80 | 306.80 | 600.60 | 727.20 | 736.10 | 1,463.30 |
| STANDARD PLAN 2 | 293.80 | 82.90 | 376.70 | 727.20 | 175.60 | 902.80 |
| 33 LAFAYETTE | | | | | | |
| * DEAN HEALTH PLAN | 235.70 | 8.00 | 243.70 | 581.90 | 20.00 | 601.90 |
| MEDICAL ASSOCIATES HMO | 235.70 | 0.00 | 235.70 | 581.90 | 0.00 | 581.90 |
| STANDARD PLAN | 235.70 | 364.90 | 600.60 | 581.90 | 881.40 | 1,463.30 |
| STANDARD PLAN 2 | 235.70 | 141.00 | 376.70 | 581.90 | 320.90 | 902.80 |
| 34 LANGLADE | | | | | | |
| COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 35 LINCOLN | | | | | | |
| * COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |

*Plan's premium not used to calculate the "State Pays" amount due to limited provider availability. Standard Plan 2 and SMP premiums are not used in any county "State Pays" calculation.

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|---|-------------|----------------|---------------|-------------|----------------|---------------|
| PLAN BY COUNTY | SINGLE | | | FAMILY | | |
| | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM |
| 36 MANITOWOC | | | | | | |
| * COMPCAREBLUE NORTHEAST | 273.00 | 0.00 | 273.00 | 675.20 | 0.00 | 675.20 |
| * HUMANA-EASTERN | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| * NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| PREVEA HEALTH PLAN | 329.60 | 0.00 | 329.60 | 816.60 | 0.00 | 816.60 |
| STANDARD PLAN | 329.60 | 271.00 | 600.60 | 816.60 | 646.70 | 1,463.30 |
| STANDARD PLAN 2 | 329.60 | 47.10 | 376.70 | 816.60 | 86.20 | 902.80 |
| 37 MARATHON | | | | | | |
| COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 38 MARINETTE | | | | | | |
| * HUMANA-WESTERN | 301.50 | 0.00 | 301.50 | 746.40 | 0.00 | 746.40 |
| * PREVEA HEALTH PLAN | 329.60 | 0.00 | 329.60 | 816.60 | 0.00 | 816.60 |
| * TOUCHPOINT HEALTH PLAN | 282.40 | 0.00 | 282.40 | 698.70 | 0.00 | 698.70 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| 39 MARQUETTE | | | | | | |
| * DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| * NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| * UNITY-COMMUNITY | 263.60 | 0.00 | 263.60 | 651.70 | 0.00 | 651.70 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| 72 MENOMINEE | | | | | | |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| 40 MILWAUKEE | | | | | | |
| COMPCAREBLUE - AURORA/FAMILY | 252.50 | 0.00 | 252.50 | 623.90 | 0.00 | 623.90 |
| HUMANA-EASTERN | 252.50 | 46.60 | 299.10 | 623.90 | 116.50 | 740.40 |
| STANDARD PLAN | 252.50 | 348.10 | 600.60 | 623.90 | 839.40 | 1,463.30 |
| STANDARD PLAN 2 | 252.50 | 124.20 | 376.70 | 623.90 | 278.90 | 902.80 |
| 41 MONROE | | | | | | |
| GUNDERSEN LUTHERAN | 293.80 | 13.60 | 307.40 | 727.20 | 34.00 | 761.20 |
| HEALTH TRADITION | 293.80 | 0.00 | 293.80 | 727.20 | 0.00 | 727.20 |
| STANDARD PLAN | 293.80 | 306.80 | 600.60 | 727.20 | 736.10 | 1,463.30 |
| STANDARD PLAN 2 | 293.80 | 82.90 | 376.70 | 727.20 | 175.60 | 902.80 |
| 42 OCONTO | | | | | | |
| * COMPCAREBLUE NORTHEAST | 273.00 | 0.00 | 273.00 | 675.20 | 0.00 | 675.20 |
| * PREVEA HEALTH PLAN | 282.40 | 47.20 | 329.60 | 698.70 | 117.90 | 816.60 |
| TOUCHPOINT HEALTH PLAN | 282.40 | 0.00 | 282.40 | 698.70 | 0.00 | 698.70 |
| STANDARD PLAN | 282.40 | 318.20 | 600.60 | 698.70 | 764.60 | 1,463.30 |
| STANDARD PLAN 2 | 282.40 | 94.30 | 376.70 | 698.70 | 204.10 | 902.80 |
| 43 ONEIDA | | | | | | |
| COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 44 OUTAGAMIE | | | | | | |
| * NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| PREVEA HEALTH PLAN | 232.20 | 97.40 | 329.60 | 573.20 | 243.40 | 816.60 |
| TOUCHPOINT HEALTH PLAN | 232.20 | 50.20 | 282.40 | 573.20 | 125.50 | 698.70 |
| STANDARD PLAN | 232.20 | 368.40 | 600.60 | 573.20 | 890.10 | 1,463.30 |
| STANDARD PLAN 2 | 232.20 | 144.50 | 376.70 | 573.20 | 329.60 | 902.80 |
| 45 OZAUKEE | | | | | | |
| HUMANA-EASTERN | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |

*Plan's premium not used to calculate the "State Pays" amount due to limited provider availability. Standard Plan 2 and SMP premiums are not used in any county "State Pays" calculation.

| GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR GRADUATE ASSISTANTS | | | | | | |
|---|-------------|----------------|---------------|-------------|----------------|---------------|
| PLAN BY COUNTY | SINGLE | | | FAMILY | | |
| | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM |
| 46 PEPIN | | | | | | |
| * COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| * HUMANA-WESTERN | 301.50 | 0.00 | 301.50 | 746.40 | 0.00 | 746.40 |
| * VALLEY HEALTH PLAN | 332.30 | 0.00 | 332.30 | 823.40 | 0.00 | 823.40 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| 47 PIERCE | | | | | | |
| * ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| * COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| * HUMANA-WESTERN | 301.50 | 0.00 | 301.50 | 746.40 | 0.00 | 746.40 |
| * VALLEY HEALTH PLAN | 332.30 | 0.00 | 332.30 | 823.40 | 0.00 | 823.40 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| 48 POLK | | | | | | |
| * ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| * COMPCAREBLUE NORTH | 260.90 | 38.20 | 299.10 | 644.90 | 95.50 | 740.40 |
| * HUMANA-WESTERN | 260.90 | 40.60 | 301.50 | 644.90 | 101.50 | 746.40 |
| * VALLEY HEALTH PLAN | 260.90 | 71.40 | 332.30 | 644.90 | 178.50 | 823.40 |
| STANDARD PLAN | 260.90 | 339.70 | 600.60 | 644.90 | 818.40 | 1,463.30 |
| STANDARD PLAN 2 | 260.90 | 115.80 | 376.70 | 644.90 | 257.90 | 902.80 |
| 49 PORTAGE | | | | | | |
| COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 50 PRICE | | | | | | |
| COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 51 RACINE | | | | | | |
| * DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| HUMANA-EASTERN | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 52 RICHLAND | | | | | | |
| DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| GUNDERSEN LUTHERAN | 243.70 | 63.70 | 307.40 | 601.90 | 159.30 | 761.20 |
| PHYSICIANS PLUS - SC | 243.70 | 35.20 | 278.90 | 601.90 | 88.00 | 689.90 |
| UNITY-COMMUNITY | 243.70 | 19.90 | 263.60 | 601.90 | 49.80 | 651.70 |
| STANDARD PLAN | 243.70 | 356.90 | 600.60 | 601.90 | 861.40 | 1,463.30 |
| STANDARD PLAN 2 | 243.70 | 133.00 | 376.70 | 601.90 | 300.90 | 902.80 |
| 53 ROCK | | | | | | |
| * DEAN HEALTH PLAN | 209.90 | 33.80 | 243.70 | 517.40 | 84.50 | 601.90 |
| * HUMANA-EASTERN | 209.90 | 89.20 | 299.10 | 517.40 | 223.00 | 740.40 |
| * MERCYCARE HEALTH PLAN | 209.90 | 0.00 | 209.90 | 517.40 | 0.00 | 517.40 |
| * PHYSICIANS PLUS - SC | 209.90 | 69.00 | 278.90 | 517.40 | 172.50 | 689.90 |
| STANDARD PLAN | 209.90 | 390.70 | 600.60 | 517.40 | 945.90 | 1,463.30 |
| STANDARD PLAN 2 | 209.90 | 166.80 | 376.70 | 517.40 | 385.40 | 902.80 |
| 54 RUSK | | | | | | |
| * GHC-EAU CLAIRE | 312.40 | 0.00 | 312.40 | 773.70 | 0.00 | 773.70 |
| * VALLEY HEALTH PLAN | 332.30 | 0.00 | 332.30 | 823.40 | 0.00 | 823.40 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |

*Plan's premium not used to calculate the "State Pays" amount due to limited provider availability. Standard Plan 2 and SMP premiums are not used in any county "State Pays" calculation.

| GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR GRADUATE ASSISTANTS | | | | | | |
|---|-------------|----------------|---------------|-------------|----------------|---------------|
| PLAN BY COUNTY | SINGLE | | | FAMILY | | |
| | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM |
| 56 SAUK | | | | | | |
| * DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| * GUNDERSEN LUTHERAN | 243.70 | 63.70 | 307.40 | 601.90 | 159.30 | 761.20 |
| PHYSICIANS PLUS - SC | 243.70 | 35.20 | 278.90 | 601.90 | 88.00 | 689.90 |
| UNITY-COMMUNITY | 243.70 | 19.90 | 263.60 | 601.90 | 49.80 | 651.70 |
| STANDARD PLAN | 243.70 | 356.90 | 600.60 | 601.90 | 861.40 | 1,463.30 |
| STANDARD PLAN 2 | 243.70 | 133.00 | 376.70 | 601.90 | 300.90 | 902.80 |
| 57 SAWYER | | | | | | |
| * ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| * COMPCAREBLUE NORTH | 260.90 | 38.20 | 299.10 | 644.90 | 95.50 | 740.40 |
| * GHC-EAU CLAIRE | 260.90 | 51.50 | 312.40 | 644.90 | 128.80 | 773.70 |
| * HUMANA-WESTERN | 260.90 | 40.60 | 301.50 | 644.90 | 101.50 | 746.40 |
| STANDARD PLAN | 260.90 | 339.70 | 600.60 | 644.90 | 818.40 | 1,463.30 |
| STANDARD PLAN 2 | 260.90 | 115.80 | 376.70 | 644.90 | 257.90 | 902.80 |
| 58 SHAWANO | | | | | | |
| * NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| TOUCHPOINT HEALTH PLAN | 282.40 | 0.00 | 282.40 | 698.70 | 0.00 | 698.70 |
| STANDARD PLAN | 282.40 | 318.20 | 600.60 | 698.70 | 764.60 | 1,463.30 |
| STANDARD PLAN 2 | 282.40 | 94.30 | 376.70 | 698.70 | 204.10 | 902.80 |
| 59 SHEBOYGAN | | | | | | |
| * COMPCAREBLUE NORTHEAST | 273.00 | 0.00 | 273.00 | 675.20 | 0.00 | 675.20 |
| * HUMANA-EASTERN | 273.00 | 26.10 | 299.10 | 675.20 | 65.20 | 740.40 |
| * NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| STANDARD PLAN | 273.00 | 327.60 | 600.60 | 675.20 | 788.10 | 1,463.30 |
| STANDARD PLAN 2 | 273.00 | 103.70 | 376.70 | 675.20 | 227.60 | 902.80 |
| 55 ST CROIX | | | | | | |
| * ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| * COMPCAREBLUE NORTH | 260.90 | 38.20 | 299.10 | 644.90 | 95.50 | 740.40 |
| * HUMANA-WESTERN | 260.90 | 40.60 | 301.50 | 644.90 | 101.50 | 746.40 |
| * VALLEY HEALTH PLAN | 260.90 | 71.40 | 332.30 | 644.90 | 178.50 | 823.40 |
| STANDARD PLAN | 260.90 | 339.70 | 600.60 | 644.90 | 818.40 | 1,463.30 |
| STANDARD PLAN 2 | 260.90 | 115.80 | 376.70 | 644.90 | 257.90 | 902.80 |
| 60 TAYLOR | | | | | | |
| * COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 61 TREMPPEALEAU | | | | | | |
| * GHC-EAU CLAIRE | 293.80 | 18.60 | 312.40 | 727.20 | 46.50 | 773.70 |
| * GUNDERSEN LUTHERAN | 293.80 | 13.60 | 307.40 | 727.20 | 34.00 | 761.20 |
| * HEALTH TRADITION | 293.80 | 0.00 | 293.80 | 727.20 | 0.00 | 727.20 |
| * HUMANA-WESTERN | 293.80 | 7.70 | 301.50 | 727.20 | 19.20 | 746.40 |
| * VALLEY HEALTH PLAN | 293.80 | 38.50 | 332.30 | 727.20 | 96.20 | 823.40 |
| STANDARD PLAN | 293.80 | 306.80 | 600.60 | 727.20 | 736.10 | 1,463.30 |
| STANDARD PLAN 2 | 293.80 | 82.90 | 376.70 | 727.20 | 175.60 | 902.80 |
| 62 VERNON | | | | | | |
| * DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| * GUNDERSEN LUTHERAN | 293.80 | 13.60 | 307.40 | 727.20 | 34.00 | 761.20 |
| * HEALTH TRADITION | 293.80 | 0.00 | 293.80 | 727.20 | 0.00 | 727.20 |
| * UNITY-COMMUNITY | 263.60 | 0.00 | 263.60 | 651.70 | 0.00 | 651.70 |
| STANDARD PLAN | 293.80 | 306.80 | 600.60 | 727.20 | 736.10 | 1,463.30 |
| STANDARD PLAN 2 | 293.80 | 82.90 | 376.70 | 727.20 | 175.60 | 902.80 |
| 63 VILAS | | | | | | |
| * COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |

*Plan's premium not used to calculate the "State Pays" amount due to limited provider availability. Standard Plan 2 and SMP premiums are not used in any county "State Pays" calculation.

| GROUP HEALTH INSURANCE 2003 MONTHLY PREMIUM RATES BY COUNTY FOR GRADUATE ASSISTANTS | | | | | | |
|---|-------------|----------------|---------------|-------------|----------------|---------------|
| PLAN BY COUNTY | SINGLE | | | FAMILY | | |
| | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM | STATE SHARE | EMPLOYEE SHARE | TOTAL PREMIUM |
| 64 WALWORTH | | | | | | |
| * DEAN HEALTH PLAN | 209.90 | 33.80 | 243.70 | 517.40 | 84.50 | 601.90 |
| * HUMANA-EASTERN | 209.90 | 89.20 | 299.10 | 517.40 | 223.00 | 740.40 |
| MERCYCARE HEALTH PLAN | 209.90 | 0.00 | 209.90 | 517.40 | 0.00 | 517.40 |
| STANDARD PLAN | 209.90 | 390.70 | 600.60 | 517.40 | 945.90 | 1,463.30 |
| STANDARD PLAN 2 | 209.90 | 166.80 | 376.70 | 517.40 | 385.40 | 902.80 |
| 65 WASHBURN | | | | | | |
| ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| COMPCAREBLUE NORTH | 260.90 | 38.20 | 299.10 | 644.90 | 95.50 | 740.40 |
| HUMANA-WESTERN | 260.90 | 40.60 | 301.50 | 644.90 | 101.50 | 746.40 |
| STANDARD PLAN | 260.90 | 339.70 | 600.60 | 644.90 | 818.40 | 1,463.30 |
| STANDARD PLAN 2 | 260.90 | 115.80 | 376.70 | 644.90 | 257.90 | 902.80 |
| 66 WASHINGTON | | | | | | |
| HUMANA-EASTERN | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 67 WAUKESHA | | | | | | |
| * COMPCAREBLUE - AURORA/FAMILY | 252.50 | 0.00 | 252.50 | 623.90 | 0.00 | 623.90 |
| * DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| HUMANA-EASTERN | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 68 WAUPACA | | | | | | |
| * COMPCAREBLUE NORTH | 232.20 | 66.90 | 299.10 | 573.20 | 167.20 | 740.40 |
| NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| TOUCHPOINT HEALTH PLAN | 232.20 | 50.20 | 282.40 | 573.20 | 125.50 | 698.70 |
| STANDARD PLAN | 232.20 | 368.40 | 600.60 | 573.20 | 890.10 | 1,463.30 |
| STANDARD PLAN 2 | 232.20 | 144.50 | 376.70 | 573.20 | 329.60 | 902.80 |
| 69 WAUSHARA | | | | | | |
| NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| TOUCHPOINT HEALTH PLAN | 232.20 | 50.20 | 282.40 | 573.20 | 125.50 | 698.70 |
| STANDARD PLAN | 232.20 | 368.40 | 600.60 | 573.20 | 890.10 | 1,463.30 |
| STANDARD PLAN 2 | 232.20 | 144.50 | 376.70 | 573.20 | 329.60 | 902.80 |
| 70 WINNEBAGO | | | | | | |
| NETWORK-FOX VALLEY | 232.20 | 0.00 | 232.20 | 573.20 | 0.00 | 573.20 |
| TOUCHPOINT HEALTH PLAN | 232.20 | 50.20 | 282.40 | 573.20 | 125.50 | 698.70 |
| STANDARD PLAN | 232.20 | 368.40 | 600.60 | 573.20 | 890.10 | 1,463.30 |
| STANDARD PLAN 2 | 232.20 | 144.50 | 376.70 | 573.20 | 329.60 | 902.80 |
| 71 WOOD | | | | | | |
| COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| STANDARD PLAN | 299.10 | 301.50 | 600.60 | 740.40 | 722.90 | 1,463.30 |
| STANDARD PLAN 2 | 299.10 | 77.60 | 376.70 | 740.40 | 162.40 | 902.80 |
| 99 OUT OF STATE | | | | | | |
| * ATRIUM HEALTH PLAN | 260.90 | 0.00 | 260.90 | 644.90 | 0.00 | 644.90 |
| * COMPCAREBLUE NORTH | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| * DEAN HEALTH PLAN | 243.70 | 0.00 | 243.70 | 601.90 | 0.00 | 601.90 |
| * GUNDERSEN LUTHERAN | 307.40 | 0.00 | 307.40 | 761.20 | 0.00 | 761.20 |
| * HEALTH TRADITION | 293.80 | 0.00 | 293.80 | 727.20 | 0.00 | 727.20 |
| * HUMANA-EASTERN | 299.10 | 0.00 | 299.10 | 740.40 | 0.00 | 740.40 |
| * HUMANA-WESTERN | 301.50 | 0.00 | 301.50 | 746.40 | 0.00 | 746.40 |
| * MEDICAL ASSOCIATES HMO | 235.70 | 0.00 | 235.70 | 581.90 | 0.00 | 581.90 |
| * MERCYCARE HEALTH PLAN | 209.90 | 0.00 | 209.90 | 517.40 | 0.00 | 517.40 |
| * PREVEA HEALTH PLAN | 329.60 | 0.00 | 329.60 | 816.60 | 0.00 | 816.60 |
| STANDARD PLAN | 480.48 | 120.12 | 600.60 | 1,170.64 | 292.66 | 1,463.30 |
| STANDARD PLAN 2 | 376.70 | 0.00 | 376.70 | 902.80 | 0.00 | 902.80 |
| * STATE MAINTENANCE PLAN | 480.48 | 60.02 | 540.50 | 1,170.64 | 146.26 | 1,316.90 |

NOTE: Out of state rates apply for alternate health plans when your designated provider is located outside the state of Wisconsin. Out of state rates apply for State Maintenance Plan, Standard Plan and Standard Plan 2 when the subscriber resides outside the state of Wisconsin.